Achievement of Proficiencies – Mental Health
PART 1,2,3 field specific examples

These proficiencies *"apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice".* (NMC, Future Nurse, 2018, p22, 26)

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the Part. If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the Practice Assessor's discretion.

The Grade Descriptors are 'Yes' (this proficiency has been achieved), 'No' (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

The Practice Supervisor can contribute to the assessment of some of these proficiencies (in discussion with the Practice Assessor). The Practice Supervisor at this stage must be a registered nurse with a minimum of six months experience and working within their scope of practice.

Some of the proficiencies may be met within simulated learning as per the individual University's policy.

Part 1 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values to achieve high quality person-centred/family-centred care, ensuring all care is underpinned by effective communication skills.

Participates in assessing needs and planning person-centred care	
1. Demonstrate and apply knowledge of commonly encountered presentations to inform a holistic nursing assessment including physical, psychological and socio-cultural needs. (3ANPC 3.3)	- Visiting a service user and their family/carer in their home with another member of staff - Considering a range of different types of distress and how this might present with different groups of people. - Show an understanding of drug culture and what norms and behaviours are prominent for members of this cultural group
2. Demonstrates understanding of a person's age and development in undertaking an accurate nursing assessment. (3ANPC 3.1)	- Observing and discussing an initial assessment of an older adult - Show an understanding of how language might have to modified when dealing with people from different age groups and levels of development or education. - Awareness of childhood development when assessing young person - Show an understanding that people from different age groups will have different points of reference for what is seen as normal or acceptable behaviour

3. Accurately processes all information gathered during the assessment process to identify needs for fundamental nursing care and develop and document person-centred care plans. (1BAP 1.16, 3ANPC 3.2, 3.5, A 1.8)	- Development of a Care Plan - Show evidence of accurate note keeping - Show knowledge of data protection policies for record keeping
Participates in providing and evaluating person-centred care	
4. Work in partnership with people, families and carers to encourage shared decision- making to manage their own care when appropriate. (1BAP 1.9, 3ANPC 3.4, 3.15)	- Observing an MDT on an older adult ward, which includes a carer/family member - Give examples of psycho-education that has helped inform people , carers and families to make informed decisions - Consider what values underpin shared decision making - Reflect on literature on shared decision making in mental health.

Participates in providing and evaluating person-centred care	
5. Demonstrates an understanding of the importance of therapeutic relationships in providing an appropriate level of care to support people with mental health, behavioural, cognitive and learning challenges. (4PEC 4.4, B1.1.1, B1.1.2, B1.1.3)	- Spending times engaging in conversation with service users in a Mental Health environment - Feedback on therapeutic encounters from service users and/or carers - Consider the value of 'everyday' interactions with mental health service users, their families and carers.

6. Provides person centred care to people experiencing symptoms such as anxiety, confusion, pain and breathlessness using verbal and non-verbal communication and appropriate use of open and closed questioning.(4PEC4.8, A1.3, A1.4, A1.5, A2.5, B1.1.1, B3.5, B8.1)	- Observe and reflect on a 1:1/home visit between an RMN and a Service User - An example of an Assessment of a person's individual experience of symptoms - An example of an individually tailored care plan completed in collaboration with a service user - Give an example of assisting in development of self-management skills - Give examples of using mindfulness techniques - Give examples of anxiety reduction strategies used. - Give examples of de-escalation techniques
7. Takes appropriate action in responding promptly to signs of deterioration or distress considering mental, physical, cognitive and behavioural health. (1BAP 1.12, 4PEC 4.8, B1.1.1 – 1.1.5, B1.2.1, B1.2.2, B10.1)	- Inform the Nurse in Charge about a change in a Service Users presentation - Examples of reporting results of recordings such as temp. pulse, BP or BM - Examples of reporting observations of changes in behaviour to nurse in charge - Demonstrates action taken to escalate concerns/incidents following standard procedures
8. Assesses comfort levels, rest and sleep patterns demonstrating understanding of the specific needs of the person being cared for. (4PEC 4.1, B.3.1)	- Offering to change the environment of a Service User where appropriate to improve their comfort i.e. getting them another blanket - Completion of a sleep chart - Explain the importance of sleep hygiene - Give examples of encouraging sleep hygiene techniques

Participates in providing and evaluating person-centred care	
9. Maintains privacy and dignity in implementing care to promote rest, sleep and comfort and encourages independence where appropriate. (4PEC 4.1, B3.6)	- Encourage a service user to attend to personal hygiene needs - Any examples of working with a service user to become more independent - Examples of Demonstrating cultural awareness and supporting a service user to express / attend to cultural needs
10. Assesses skin and hygiene status and determines the need for intervention, making sure that the individual remains as independent as possible. (4PEC 4.7, B4.1)	- Observe the completion of the Braden Scale Assessment, and discuss the need for further intervention where appropriate - Completing a body map - Examples of completed food and fluid charts - Example of assessment of fluid intake via assessment interview
11. Assists with washing, bathing, shaving and dressing and uses appropriate bed making techniques. (B 3.2, B4.3)	- Encouraging and supporting a Service User who struggles with personal hygiene, by running a bath, collecting toiletries etc. - Examples/reflections on assisting with washing, bathing etc.
12. Supports people with their diet and nutritional needs, taking cultural practices into account and uses appropriate aids to assist when needed. (4PEC 4.6, B5.3)	- Requesting that the kitchen provide a specialist menu for a Service User who has confirmed that they require a Halal meal - Shows an understanding of the role of the Speech and Language Therapist - Completion of a choking risk assessment - Working with people to encourage healthy eating - Education on side effects of medication relating to weight gain and heart disease - Consider if dietitian input is needed, seeking this.
13. Can explain the signs and symptoms of dehydration or fluid retention and accurately records fluid intake and output. (4PEC 4.6, B5.4)	- Completes a MESU which is concentrated, informs Nurse In Charge and commences a fluid chart if required - Considers over hydration and dehydration in mental health settings - Consider the challenges of accurately measuring output in a range of settings

14. Assists with toileting, maintaining dignity and privacy and managing the use of appropriate aids including pans, bottles and commodes. (4PEC 4.6, B6.1)	- Examples of helping services users with toileting needs - Giving education around side effects of medication in relation to incontinence, constipation etc. - Supporting services users to voice concerns with medical practitioners - Administer and advise on medication in relation to these aspects

Participates in providing and evaluating person-centred care	
15. Selects and uses continence and feminine hygiene products, for example, pads, sheaths and appliances as appropriate. (B6.2)	- Provide education when needed around continence and hygiene - Assess any needs in relation to continence or hygiene - Supporting service users to discuss issues around continence or related hygiene issues
16. Assesses the need for support in caring for people with reduced mobility and demonstrates understanding of the level of intervention needed to maintain safety and promote independence. (4PEC 4.7, B7.1)	- Completion of a falls risk assessment - Discussion regarding appropriate aids for safe mobilising to improve independence - Supporting a service user to ensure their aids are with them in hospital if needed - Consider the role of the physiotherapist and occupational therapist in maintaining independence
Participates in procedures for the planning, provision and management of person-centred care	
17. Uses a range of appropriate moving and handling techniques and equipment to support people with impaired mobility. (B7.2, B7.3)	- Example of using any mobility equipment within a ward setting - Assessing mobility needs - Show awareness of the importance of safe moving and handing techniques

18. Consistently utilises evidence based hand washing techniques. (B9.6)	- Washes hands before and after completing physical observations - Completes the seven steps to hand hygiene process.
19. Identifies potential infection risks and responds appropriately using best practice guidelines and utilises personal protection equipment appropriately. (B9.1, B9.4)	- Using the correct PPE when carrying out personal care with a Service User who has a known blood born virus. - Accurately assesses risk in relation to potential infection and acts accordingly. - Modification of care practices in response to potentially high risk infection situations.
20. Demonstrates understanding of safe decontamination and safe disposal of waste, laundry and sharps. (B9.7, B9.8)	- Weekly bed changing rota, using correct PPE and disposal of soiled linen - Depot injection and safe disposal of needles.

Participates in procedures for the planning, provision and management of person-centred care	
21. Effectively uses manual techniques and electronic devices to take, record and interpret vital signs, and escalate as appropriate. (3ANPC 3.11, 3.12, B2.1, B4.8)	- Complete physical observations of a patient when they are feeling unwell, and inform nurse in charge. - Accurate completion of TPRBP and blood glucose levels.
22. Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinical significance of low/high readings. (3ANPC 3.11, 3.12, B2.6)	- Observe and help to complete an initial Physical Healthcare Assessment or MUST Assessment - Complete BMI and discuss clinical significance with service user and MDT. - Consider how people who are underweight and overweight might need support in your area

23. Collect and observe sputum, urine and stool specimens, undertaking routine analysis and interpreting findings. (3ANPC 3.11, 3.12, B2.9)	- Complete an MESU and escalate concerns - Collect samples using appropriate infection control procedures. - Urine samples for drug screens. - Urine screening for UTI - Supporting service users to undertake pregnancy tests.
Participates in improving safety and quality of person-centred care	
24. Accurately undertakes person centred risk assessments proactively using a range of evidence based assessment and improvement tools. (6ISQC 6.5, B7.1)	- Observe the use of the Becks Depression Scale and discuss this with mentor/healthcare professional - Completion of an admission document - Complete a risk assessment and consider why we do these in mental healthcare - Discussion of risk with service user/family/carers.
25. Applies the principles of health and safety regulations to maintain safe work and care environments and proactively responds to potential hazards. (6ISQC 6.1, 6ISQC 6.6)	- Finding a spill on the floor, acting on this to clean but placing a 'wet floor sign' to avoid accidents and injuries - Lone working for community working. - Thinking about safe staffing implications - Follows correct moving and handling policies.

Participates in the coordination of person-centred care	
26. Demonstrate an understanding of the principles of partnership, collaboration and multi-agency working across all sectors of health and social care. (3ANPC 3.15, 7CC 7.1)	- Observe an MDT review - Have an insight day with another professional, i.e. OT, Peer Support Worker etc - Attending a ward round, discharge meeting, CPA meeting - Writing a referral document for referral to another service e.g. physiotherapy, housing, GP
27. Demonstrate an understanding of the challenges of providing safe nursing care for people with co-morbidities including physical, psychological and socio-cultural needs. (3 PEC 3.13, 7CC 7.5)	- Working with a Service User who has alcohol dependency issues - Construct a care plan for a person with co-morbidities - Consider the interaction/care plan for people with multiple long term conditions. - Appropriate referrals for assessment and management of co-morbid physical and mental health problems.

28. Understand the principles and processes involved in supporting people and families so that they can maintain their independence as much as possible. (3ANPC 3.15, 4PEC 4.2, 7CC 7.8)	- Observing a discussion around a patient detained under the MHA, have some escorted leave from the ward with family members - Reasonable adjustments to the environment to maintain the independence of people with dementia. - Supporting a service user within a ward round to negotiate leave.
29. Provides accurate, clear, verbal, digital or written information when handing over care responsibilities to others. (A 1.8, A1.9, A1.11)	- Observing an effective shift handover - Examples of care note entries, assessments, handover sheets

PART/YEAR 2

Part 2 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the students demonstrates the required knowledge, skills, attitudes and values to achieve high quality person/family-centred care in an increasingly confident manner, ensuring all care is underpinned by effective communication skills. **Those marked with an * can be assessed in Part 2 or Part 3. Please record in OAR as well.**	
Participates in assessing needs and planning person-centred care with increased confidence	
1. Support people to make informed choices to promote their wellbeing and recovery, assessing their motivation and capacity for change using appropriate therapeutic interventions e.g. cognitive behavioural therapy techniques. (2PHPIH 2.8, 2.9, 2.10, A2.7, A 3.6)	- Discussing with a Service User how they can reduce their level of distress by the use of various distraction techniques - Completing Recovery Plans with service users - Exploring health promotion opportunities related to healthy lifestyles, for example smoking cessation, exercise, diet - Employing interpersonal skills to discuss substance use.
2. Apply the principles underpinning partnerships in care demonstrating understanding of a person's capacity in shared assessment, planning, decision- making and goal setting. (1BAP 1.9, 2PHPIH 2.9, 3ANPC 3.4, 4 PEC 4.2)	- Observing a Service Users CPA review, and helping to complete further care plan with the support of an RMN - Reviewing care plan with service user - Working with service user to plan the agenda for their ward round or CPA review - Critically evaluate the role of shared decision making, coproduction of care plans and barriers to service user involvement in their care
* 3. Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed. (3ANPC 3.9, 3.10, 4PEC 4.11)	- Observing an initial assessment, completing some of the Risk Assessment under the supervision of an RMN, before further discussion - Completed risk assessment document - Safety plans completed with service user

Participates in assessing needs and planning person-centred care with increased confidence	
* 4. Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences. (3ANPC 3.14, 4PEC 4.9, B10.3, B 10.6)	Could be achieved in simulation or "out of field area" placement experiences or insight visits However could have reflective discussion with a nurse regarding a patient and their families about how they may articulate their needs and preferences – with a life limiting diagnosis Reflective discussion with a nurse regarding how sudden or unexpected death may impact professionals and partners in care, along with other service users

Participates in delivering and evaluating person centred care with increased confidence	
5. Provides people, their families and carers with accurate information about their treatment and care, using repetition and positive reinforcement when undergoing a range of interventions and accesses translator services as required. (4PEC 4.3 A1.2, A2.8, A1.12, A2.6)	- Observing and contributing to a 1:1 session, in which the RMN provides a Service User who their MHA rights in their own language, and speaks to the Service User and family with an interpreter - Utilise leaflets in own language for section rights - Use of language line (phone services)
6. Works in partnership with people, families and carers to monitor and evaluate the effectiveness of agreed evidence based care plans and readjust goals as appropriate drawing on the person's strengths and assets. (3ANPC 3.15, 4PEC 4.2, A3.9)	- Discussing a care plan around dietary intake with a Service User, and then reviewing this with the Service User, highlighting the Service Users efforts to improve their intake - Discuss a care plan relating to self harm or suicidality with a service user, reviewing their goals, aims and successes along with areas to work with them on further - Consider the role of strengths based working in contemporary mental health care.

7. Maintains accurate, clear and legible documentation of all aspects of care delivery, using digital technologies where required. (5LMNLWIT 5.11, A1.8, A10)	- Writing a Service Users progress notes, supervised by an RMN - Utilising the host organsiation's relevant electronic documentation system to record assessments, care plans, risk assessments/ safety plans and ongoing records.

Participates in delivering and evaluating person centred care with increased confidence	
8. Makes informed judgements and initiates appropriate evidence based interventions in managing a range of commonly encountered presentations. (4PEC 4.4, 4PEC 4.5, B1.1.1, B1.2.2)	- Identify a Service User that may benefit from some mindfulness activities, and carry out this activities under the agreement of the nurse in charge, taking into account risk and safety - Use of accredited tools for assessment - Examples of judgements about when to withhold medication or use as required medication - Consider the role of evidence based approaches to reducing restrictive interventions across mental health care
Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
9. Assesses skin and hygiene status and demonstrates knowledge of appropriate products to prevent and manage skin breakdown. (B4.1, B4.2, B4.4)	- To assess a non-accidental injury, and be able to discuss with an RMN possible management options - Completion of a body map where concerns about non accidental injury are present - Consideration of the management of wounds, dressings or skin deterioration in self harm or non accidental injury
* 10. Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate). (B4.6, B4.7)	- Support and demonstrate knowledge of aseptic technique when observing an RMN change a pressure ulcer bandage - Observing RMN managing a non-accidental injury wound – ie. Reviewing for infection, changing bandaging, applying steristrips, etc.

11. Effectively uses evidence based nutritional assessment tools to determine the need for intervention. (B5.1, B5.2)	- To complete and review the use of a Food and Fluid chart, and to discuss the need to escalate with an RMN - Referral to dietitians – based on evidence collected and rationale as to why their input is needed
12. Demonstrates understanding of artificial nutrition and hydration and is able to insert, manage and remove oral/nasal gastric tubes where appropriate. (B5.6, B5.7)	Could be achieved in simulation or "out of field area" placement experiences or insight visits May have some exposure to this on placement at CAMHS eating disorder unit/ community ED teams (CAMHS or Adult) but likely to be a discussion with professionals regarding this. Unlikely to have opportunity to insert / manage / remove tubes.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
13. Assess level of urinary and bowel continence to determine the need for support, intervention and the person's potential for self-management. (B6.1, 6.2, 2PHPIH 2.8)	Discussion with service user regarding their continence – reflecting on how to manage this Consider how dignity is maintained in relation to continence needs when a person is on close observations
* 14. Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. (B6.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 15. Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate). (B2.12, B2.16)	Assess level of consciousness, escalating concerns to RMN and consideration of additional neurological observations as needed. Alerting additional staff if needed and appropriate when seizure if found, undertaking suitable physical observations following this to monitor wellbeing. Show awareness of the role of neurological observations in medication side effects (eg NMS)
16. Uses contemporary risk assessment tools to determine need for support and intervention with mobilising and the person's potential for self-management. (2PHPIH 2.8, B3.3, B7.1)	Pressure area risk assessments – mobility Referrals to physio – physio sessions – ordering equipment? within ward setting Consider capacity and consent in relation to moving and handing in a mental health setting
17. Effectively manages the risk of falls using best practice approaches. (B7.1, B7.2, B 7.3)	Particularly with older persons placements – awareness of polypharmacy and potential impact this has on falls risk

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
18. Uses appropriate safety techniques and devices when meeting a person's needs and support with mobility providing evidence based rationale to support decision making. (B7.4)	Consider appropriate manual handling techniques when assisting with mobilising individuals. Reflect on how prevention and management of violence techniques differ from M&H techniques
* 19. Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes (B8.1, B8.2, B8.3, B8.6)	- Recordings before during and after ECT involve oxygen use and pulse oximetry Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 20. Uses best practice approaches to undertake nasal and oral suctioning techniques. (B8.4)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
21. Effectively uses standard precaution protocols and isolation procedures when required and provides appropriate rationale. (B9.2, B9.5)	Rarity - however could discuss with infection control team based on acute wards as isolation due to infection may occasionally be required.

22. Provide information and explanation to people, families and carers and responds appropriately to questions about their treatment and care. (A 2.1, A2.8)	Arrange 1:1 with service user prior to MDT meeting or review coming up and discuss their care, current care plans. Examples of responding to questions and how you tailor communication and knowledge level to service users and families/carers needs.

Participates in the procedures for the planning, provision and management of person-centred care with increased confidence	
23. Undertakes assessments using appropriate diagnostic equipment in particular blood glucose monitors and can interpret findings. (3ANPC 3.11, 3.12, 4PEC 4.12, B2.5, B2.10)	- Carries out routine BM check on admission to a MH ward, and communicates the findings to an RMN - Consider how medication commonly used in mental health can affect BM readings and offer understanding of the need to accurately assess risks of hyper and hypoglycaemia
* 24. Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings. (3ANPC 3.11, 3.12, PEC 4.12, B2.3)	- Explore possible relationship between ECG results and medication that the person may already be on or is considering Could be achieved in simulation or "out of field area" placement experiences or insight visits
Participates in improving safety and quality of person-centred care with increased confidence	
* 25. Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)	Observe venepuncture as part of admission bloods, monitoring bloods Review results – discussing implications within MDT discussions Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 26. Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. (B2.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 27. Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
* 28. Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.(B1.2.3,	Reflective discussion with RMN regarding signs of sepsis and what steps would be taken to address these concerns if arising.

B2.13) (B 1.2.3, B2.13)	

Participates in improving safety and quality of person-centred care with increased confidence	
29. Applies an understanding of the differences between risk management, positive risk taking and risk aversion to avoid compromising quality of care and health outcomes. (6ISQC 6.10)	- Engages in a discussion and the care planning of positive risk taking in allowing Service Users who are an occasional risk of harm to themselves to utilise unescorted leave to the community - Completion of risk assessment - Explaining how levels of observation are determined - Allocating observations to staff
30. Demonstrates awareness of strategies that develop resilience in themselves and others and applies these in practice. E.g. solution focused therapies or talking therapies. (6ISQC 6.11, A 3.2, 3.4)	- Discuses and reflects on an incident of aggression in practice, and demonstrates ways in which the student is able to relax following this i.e. using mindfulness before bed - Critically consider barriers to resilience and strengths focused work in someone experiencing depression or withdrawal or low self esteem
Participates in the coordination of person-centred care with increased confidence	
31. Participates in the planning to ensure safe discharge and transition across services, caseloads and settings demonstrating the application of best practice. (4 PEC4.18,7CC 7.10)	- Observe and contribute to a discharge planning meeting, ensuring that jobs are completed to provide a safe discharge into the community - Allocation / referral meetings in community teams – if not accepting into the service where else is provision of care being provided? - Allocating cases based on professionals capacity – implications of safe staffing in community as well as on the ward
32. Negotiates and advocates on behalf of people in their care and makes reasonable adjustments to the assessment, planning and delivery of their care. (BAP 1.12, 7CC 7.9)	- Has a 1:1 session with a Service User before their MDT review - Feedback the Service Users concerns to the MDT - Review the role of the nurse in advocating for service users in line with the MHA and MCA

33. Demonstrates effective persons and team management approaches in dealing with concerns and anxieties using appropriate de-escalation strategies when dealing with conflict. (A 4.2.1 – 4.2.5)	- Contribute to group psychological supervision, in which staff discuss Service Users that they are findings to be challenging, and reflect on the techniques used with the supervision to calm down staff - Critically evaluate how different mental health environments can be challenging for people receiving care to be in

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 3 document and the OAR. If the student is achieving these proficiencies in Part 2, record achievement below and in the OAR

Part 3, No. 4 Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural therapy or distraction and diversion strategies.	- Examples of reporting results of physical assessments pulse, temp, BP, BM - 1:1 sessions with service users which discuss any triggers or signs of low mood / suicidal thoughts and plans around what to do when these occur - Evidence of using distraction techniques with a service user - Reflection on the role, limitations and problems of positive behavioural therapy interventions in mental health care
Part 3, No. 13 Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines as required in line with local policy.	Could be achieved in simulation or "out of field area" placement experiences or insight visits

PART/YEAR 3

Part 3 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values in co-ordinating high quality person/family centred care, ensuring all care is underpinned by effective communication skills. ***Those marked with an * may have been met in Part 2. Record achievement of Part 3 proficiencies marked * 3 in OAR as well.***

Confidently assesses needs and plans person-centred care	
1. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-based person-centred care (3ANPC 3.2,3.3)	- Examples of completed assessments and admission documents - Effective demonstration of skills needed for basic recordings - Examples of scales and assessments commonly used in mental health settings
2. Assesses a persons' capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person does not have capacity. (1BAP 1.12, 3ANPC 3.6. 3ANPC 3.7)	- Completion of a CPA assessment - Ensuring capacity is taken into account in ward rounds or reviews when decisions about treatment are being made - Reflect on the use of the MHA and MCA in mental health care, showing awareness of the role of the nurse in supporting the most rights based approaches to least restrictive care

3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate. (3ANPC 3.16, A 3.4, A3.6)	- Example of referral letter to community services, specialist services, social work, dietitians, etc. - Example of encouraging a person to self refer to talking therapies

Confidently delivers and evaluates person-centred care	
* 4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies. (1BAP 1.12, 4PEC 4.10, 3ANPC 3.9, 3.10, A3.8, A3.9, B1.1.1-B1.1.5, B10.1)	- Recognise when someone is distressed and has self-harmed. Encourage 1:1 time, and encourage distraction techniques. Assessing mental state, and subsequent risk. Discuss with team members whether observations need to be reviewed and implement a care plan reflecting changing level of risk
5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. (5LMNWIT 5.11, A1.8, A1.10)	- Example of notes entries - Tribunal Report completion example - Example of recording of physical assessments from ward etc

6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care. (4PEC 4.2, 4.3, 4PEC 4.10)	Supporting a service user with no advocates / carers / family to articulate and express their views in MDT meetings Offering carers assessments – to best support carers which in turn best supports our service users Ensuring carers / etc are invited to ward reviews, MDT meetings, arranging additional meetings to discuss care as needed

Confidently delivers and evaluates person-centred care	
7. Manages a range of commonly encountered symptoms of increasing complexity including pain, distress, anxiety and confusion. (4PEC4.4, 4.5, 4.8, A1.10)	- Has a 1:1 discussion with a Service User regarding their pain. Speaks about location, onset, and intensity of pain. Considers both physical and psychiatric causes of pain. Completes physical observations where necessary, administers pain relief (under supervision) where necessary. Reviews pain. Escalates to medical staff when necessary. - Recognise anxiety – spend 1:1 with service user to understand potential causes / triggers and consider what support is best to aid with this.
8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques as required. (A1.1, A2.5, A2.6, A3.6, 3.8, 3.9)	- Has a discussion with a Service User regarding their rights under the MHA. Delivers the information in a way that is understandable to the Service User. - Engage in a discussion about the events leading up to the detention, and how the Service User feels about this. - Assesses the Service Users understanding of their rights under the MHA
9. Is able to support people distressed by hearing voices or experiencing distressing thoughts or perceptions. (B1.1.1)	- Considers different ways of supporting the individual. - Encourages the Service User to try being in a quiet room as to not become overwhelmed by noise, or try listening to music as a way of distraction from the voices. Understanding that in this acute period of distress, trying to speak to the Service User might not always be productive. Consider PRN medication with RMN.

	- Able to identify and sign post a range of support or coping strategies for example hearing voices and paranoia network. - Consider the role of Open Dialogue in contemporary mental health care
Confidently manages the procedures in assessing, providing and evaluating care	
10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist). (B4.1, B4.3, B4.5)	- Supports a patient to call their dentist themselves in order to book an appointment. Being encouraging as to the important of personal hygiene, as well as the need to maintain independence - Support and encourage attendance to GP appointments, particularly for community based patients, often will have an annual physical health review
11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of the multidisciplinary team. (4PEC 4.6, 5LMNCWIT 5.4)	- Completion of diet and fluid charts - Examples of specific nutritional assessments. - Showing an understanding of the role of the SALT and dietician in the MDT

Confidently manages the procedures in assessing, providing and evaluating care	
12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potential complications. (B5.4, 5.8)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Fluid input and output may be measured in older people if there are concerns about fluid retention with physical co morbities, but again unlikely to see IV fluids.
* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devices including the administration of medicines where required. (B5.9)	Could be achieved in simulation or "out of field area" placement experiences or insight visits

14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices. (B10.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care. (4PEC 4.6, B6.4, B6.6)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Support service users who have incontinence to discuss this within MDT meetings. Consider what lifestyle or medication factors could be affecting their incontinence.
16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate. (B6.5)	Reflective discussion with RMN or medic to discuss in which situations an enema / suppositories / rectal examination may occur. Could be achieved in simulation or "out of field area" placement experiences or insight visits
17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public health e.g. immunisation and vaccination policies (2PHPIH 2.11, 2.12, 7CC 7.11, B9.1)	Identify potential infection prevention and control issues and raise these within MDT meetings (may be related directly to patients or to environment) Encourage eligible groups to have the annual flu jab (those with long term conditions, health care professionals)
Confidently leads and manages person-centred care and working in teams	
18.Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members. (5LNCWIT 5.1, 5.2, 5.4)	- Attendance at and running of MDT meeting, ward round - Taking charge of the shift - Ask for feedback from MDT members - Recommends and completes referrals for other MDT members as appropriate - Able to delegate and recognise expertise of a range of roles such as peer support workers.

19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others in the team as required. (5LNWIT 5.1, 5.5, A1.9, A1.11)	- Effective delegation of diary tasks for the day. - Demonstrate delegation to other professionals – i.e. Asking pharmacist to speak to a service user who has medication queries
20. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff (if required). (5LNCWIT 5.3, 5.7, 5.10, A4.2.2)	- Involvement with audit e.g. notes audit, health and safety audit - Awareness of what happens when things go wrong – i.e. Medication error is made, what happens next (may be achieved via reflection discussion with a team leader)
Confidently contributes to improving safety and quality of person-centred care	
21.Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies. (6ISQC 6.4, 6.7, 6.9)	- Involvement with audit e.g. notes audit, health and safety audit - Consider the role of the CQC and other bodies in monitoring care settings and care provision
22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing and reporting risks. (6ISQC 6.1,6.2, 6.3, 6.5)	- Oversees and demonstrates awareness of the use of the MHA Completion and review of risk assessments Show awareness of the role of therapeutic risk taking in mental health settings In forensic settings supporting RMN to complete ministry of justice reports for those under sections which require them.
Confidently contributes to improving safety and quality of person-centred care	

23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns. (6ISQC 6.2, A4 2.6.2)	- Takes charge of the ward, and discusses whether there is a requirement to increase staffing levels. - Calls staff, or calls the Nurse Bank/Senior Nurse if necessary
24.Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents. (6ISQC 6.8, 6.9, 6.12)	- Examples of completed documentation for incidents - Review the local CQC report and reflect on their findings
Confidently coordinates person-centred care	
25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs. (7CC, 7.1, 7.2, 7.5, 7.6)	- Attendance at MDT, completion of MDT nots and action plans - Reflection on the barriers and enablers of people with mental health difficulties receiving care for other comorbidities, including diagnostic overshadowing and stigma
26. Evaluates the quality of peoples' experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. (7CC 7.7, 7.8)	- Review a care plan for a complex service user and consider what adjustments could be made to support their independence - Participate in a CTO review - Participate in MDT discussion regarding if a person needs a MHA assessment (particularly from 2 – 3) - Observe and reflect on a MHA assessment
27. Engages in difficult conversations including breaking bad news with compassion and sensitivity. (A2.9)	- Informing a service user that they are not able to have leave from the ward due to their section 17 status, taking into account their level of risk when informing them of this. - Discuss waiting times for desired evidence based interventions (psychological therapies etc)

28. Facilitates the safe discharge and transition of people with complex care needs advocating on their behalf when required. (7CC 7.4, 7.9, 7.10)	- Examples of participation in discharge meetings - Organising ongoing community support – which may include 117 aftercare - Reflect on the role of rehabilitation placements

Confidently coordinates person-centred care	
29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural requirements and preferences. (ANPC 3.14, 4PEC 4.9, B10.3, B10.6)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Using a service user and their family as case study have a reflective discussion with a professional regarding cultural requirements and needs at end of life.

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The Practice Assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part 2. If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR

Part 2, No. 3 Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed.	- Completion of risk assessment tool - Completion of safety planning - Utilise safety plan – ie. Distraction with a service user, alternative coping skills

Part 2, No. 4 Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-making relating to treatment and care preferences.	Using a service user and their family as case study have a reflective discussion with a professional regarding needs at end of life. Could be achieved in simulation or "out of field area" placement experiences or insight visits Using a service user and their family as case study have a reflective discussion with a professional regarding cultural requirements and needs at end of life.
Part 2, No. 10 Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal where appropriate).	- Management of wounds – self harm, or diabetic ulcers - Referral or discussion with tissue viability nurses - Education around infection control and self-management of wounds following self harm where the person has the capacity to undertake this
Part 2, No. 14 Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate.	Could be achieved in simulation or "out of field area" placement experiences or insight visits

Part 2, No. 15 Undertakes, responds to and interprets neurological observations and assessments and can recognise and manage seizures (where appropriate).	Full neurological observations unlikely to be undertaken within MH, may see in acquired brain injury setting Reflect on the emergency response in your area to a seizure Reflect on the signs and symptoms of neuroleptic malignant syndrome

Part 2, No. 19 Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using a range of routes.	- Recovery from ECT involves oxygen and pulse oximetry - Support a patient with smoking cessation and / or management of asthma using pulse oximetry
Part 2, No. 20 Uses best practice approaches to undertake nasal and oral suctioning techniques.	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Part 2, No. 24 Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG and interpret findings.	Cardiac assessments taken on admission to inpatient unit – including bloods and ECGs, (again likely to need medical colleague support)

Part 2 No, 25 Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormal blood profiles. (B2.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits Blood profiles may be explored within in-patient care including blood monitoring for individuals on specific medications
Part 2 No, 26 Demonstrates knowledge and skills related to safe and effective cannulation in line with local policy. (B2.2)	Could be achieved in simulation or "out of field area" placement experiences or insight visits

Part 2 No, 27 Manage and monitor blood component transfusions in line with local policy and evidence based practice. (4PEC 4.12, B2.4)	Could be achieved in simulation or "out of field area" placement experiences or insight visits
Part 2 No, 28 Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required. (B 1.2.3, B2.13)	To recognise ill health in a Service User, complete physical observations, inform necessary professionals and act on necessary advice